

# APPLICATION FOR MEMBERSHIP

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## THE POLICE TREATMENT CENTRES & ST GEORGE'S POLICE CHILDREN TRUST

I hereby authorise deductions from my weekly payroll in respect of the Police Treatment Centres and/or the St George's Police Children Trust as appropriate. I agree to abide by the rules of the Charity and any decisions made with regard to it by the Management Board of the British Transport Police Federation.

First Names.....Surname.....

Date of Birth.....

Home address.....

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Post Code.....

Home Telephone.....Mobile.....

Email.....

Home Station.....Area.....

Police Number.....Rank.....Date of joining BTP.....

Work  
Email.....

**SIGNATURE**.....

I hereby authorise deductions from my weekly payroll in respect of:

- The Police Treatment Centres at **£7.20 (every 4 weeks)**
- I agree to the use of my personal contact details to enable the Police Treatment Centres to make calls, send texts or emails about the vital work it does for the Police Family, it's fundraising appeals and opportunities to support the PTC. Our Privacy Policy is available at [www.thepolicetreatmentcentres.org](http://www.thepolicetreatmentcentres.org).
- The St Georges Police Children Trust (SGPCT) at £1 .40 (every 4 weeks)  
Please inform your family that you have decided to contribute, so that they can access support should they require it.
- I agree to the use of my personal contact details to enable St George's Police Children Trust to make calls, send texts or emails about the vital work it does for the Police Family, it's fundraising appeals and opportunities to support the SGPCT. Our Privacy Policy is available at [www.stgeorgespolicechildrentrust.org](http://www.stgeorgespolicechildrentrust.org)

Student Officer (First 12 months FREE): Yes  No

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### Office use only

Fund Code.....Amount.....

Processed.....Signature.....Date.....